BRUNSWICK
COMMUNITY COLLEGE

2016-2017 VERIFICATION—HOUSEHOLD SIZE & NUMBER IN COLLEGE

Dependent/Independent

Your application has been selected by the Department of Education for review in a process called **verification**. **The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA.** In this verification process the information from your FAFSA application is compared to the information provided on this form, and with required documentation. If there are differences between your FAFSA application and the documentation provided, those corrections will be made for you.

Complete and submit this verification form. Incomplete forms will be returned and will delay funding. If there is a question as to whether you are an Independent or Dependent student check the answers to questions 45-57 on your FAFSA. If you answered no to all of those questions then you are a Dependent student. Note: you may be required to provide documentation if you answer 'yes' to any of these questions.

Student Information

_____ _____

Last Name First Name M I Student ID

_____ _____

M ailing Address (include apt. no.) Date of Birth

_____ _____

City State Zip Code Phone Number (include area code)

Family Information : List the people in your household or your parent's household, if you are a dependent student with all conditions reflecting July 1, 2016-June 30, 2017:

Independent Student	Dependent Student
Yourself and your spouse if you are married and	Your parents (including stepparent) even if you don't live with your parent(s)/stepparent.
Your children **if you provide more than half the support and/or**	Your parents' other children, even if they don't live with parent(s) that they provide more than half their support and/or
Other people if they now live with you that you **provide more than half their support**	Other people if they now live with your parents and they **provide more than half their support**

Write the names of all household members in the space(s) below. Also write the name of the college for any household members, excluding your parent(s)/stepparent (for dependent students) who will be at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution. If you need more space, attach a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	Name of College	Enrolled at least Half Time (Y/N)
		Self/Student	Brunswick Com m unity College	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

_____ _____ _____

Student Signature *Parent Signature (REQUIRED for Dependent Students)* *Date*